REPORT - HIPAA 820 to CSDB mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Payment Order/Remittance Advice						CSDB wants to receive a copy of all 820-premium transactions.	Translation
	ST	820 Header		R					
	BPR	Financial Information		R					
	TRN	Reassociation Key		R					
	CUR	Non-US Dollars Currency		S					
	REF	Premium Receivers Identification Key		S					
	DTM	Process Date		S					
	DTM	Delivery Date		S					
	DTM	Coverage Period		S					
1000A	N 1	Premium Receiver's Name		R					
1000A	N 1	Premium Receiver's Name		R					
1000A	N 104	Receiver Identifier	AN80	S				Store ID code & use a daily/weekly/monthly copy of provider master. Need office location at time of service for service facility.	Processing Logic
1000A	N 2	Premium Receiver Additional Name		S					
1000A	N 3	Premium Receiver's Address		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
1000A	N 4	Premium Receiver's City, State, Zip		S					
1000B	N 1	Premium Payer's Name		R					
1000B	N 1	Premium Payer's Name		R					
1000B	N 2	Premium Payer Additional Name		S					
1000B	N 3	Premium Payer's Address		S					
1000B	N 4	Premium Payer's City, State, Zip		S					
1000B	PER	Premium Payer's Administrative Contact		S					
2000A	ENT	Organization Summary Remittance		S					
2000A	ENT	Organization Summary Remittance		S					
2300A	RMR	Organization Summary Remittance Detail		R					
2300A	RMR	Organization Summary Remittance Detail		R					
2310A	IT1	Summary Line Item		S					
2310A	IT1	Summary Line Item		s					
2315A	SLN	Member Count		S					
2315A	SLN	Member Count		s					
2320A	ADX	Organization Summary Remittance Level Adjustment		S					

SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
ADX	Organization Summary Remittance Level Adjustment		S					
ENT	Individual Remittance		s					
ENT	Individual Remittance		S					
ENT03	Identification Code Qualifier	ID2	R	CSDB	ALTERNATE ID TYPE	A(2)	send "17"-SSN	Translation
ENT04	Receiver's Individual Identifier	AN80	R	CSDB	ALTERNATE ID VALUE	A(50)		
NM1	Individual Name		s					
NM1	Individual Name		s					
NM103	Individual Last Name	AN35	S	CSDB	FULL NAME OR SURNAMES	A(120)		
NM104	Individual First Name	AN25	S	CSDB	GIVEN NAMES	A(60)		
NM108	Identification Code Qualifier	ID2	S	CSDB	ALTERNATE ID TYPE	A(2)	"N"-insured's unique ID: DSHS PIC	Translation
NM109	Individual Identifier	AN80	S	CSDB	ALTERNATE ID VALUE	A(50)		
RMR	Individual Premium Remittance Detail		S					
RMR	Individual Premium Remittance Detail		S					
RMR04	Detail Premium Payment Amount	R18	R	CSDB	DOLLARS	N(15)		
DTM	Individual Coverage Period		S					
DTM06	Coverage Period	AN35	R	CSDB	BEGIN DATE (Service Span)	N(8)		
DTM06	Coverage Period	AN35	R	CSDB	END DATE (Service Span)	N(8)		
	ENT ENT ENT ENT ENTO3 ENTO4 NM1 NM103 NM104 NM108 NM109 RMR RMR RMR CHARCOLL CH	ADX Organization Summary Remittance Level Adjustment ENT Individual Remittance ENT Individual Remittance ENT Individual Remittance ENT03 Identification Code Qualifier ENT04 Receiver's Individual Identifier NM1 Individual Name NM10 Individual Name NM103 Individual Last Name NM104 Individual First Name NM108 Identification Code Qualifier NM109 Individual Identifier RMR Individual Premium Remittance Detail RMR Individual Premium Remittance Detail RMR04 Detail Premium Payment Amount DTM Individual Coverage Period DTM06 Coverage Period	ADX Organization Summary Remittance Level Adjustment ENT Individual Remittance ENT Individual Remittance ENT03 Identification Code Qualifier ENT04 Receiver's Individual Identifier Individual Name NM1 Individual Name NM103 Individual Last Name AN35 NM104 Individual First Name AN25 NM108 Identification Code Qualifier NM109 Individual Identifier AN80 RMR Individual Premium Remittance Detail RMR Qualifier RMR04 Detail Premium Payment Amount DTM Individual Coverage Period DTM06 Coverage Period AN35	ADX Organization Summary Remittance Level Adjustment ENT Individual Remittance ENT Individual Remittance ENT Individual Remittance ENT Individual Remittance ENT03 Identification Code Qualifier ENT04 Receiver's Individual AN80 R Identifier NM1 Individual Name S NM1 Individual Name S NM103 Individual Last Name AN35 S NM104 Individual First Name AN25 S NM108 Identification Code Qualifier NM109 Individual Identifier AN80 S RMR Individual Premium Remittance Detail RMR Individual Premium Remittance Detail RMR04 Detail Premium Payment Amount DTM Individual Coverage Period AN35 R	ADX Organization Summary Remittance Level Adjustment ENT Individual Remittance ENT Individual Remittance ENT Individual Remittance ENTO3 Identification Code Qualifier ENTO4 Receiver's Individual Identifier NM1 Individual Name S NM1 Individual Name S NM1 Individual Name NM103 Individual Last Name AN35 S CSDB NM104 Individual First Name AN25 S CSDB NM108 Identification Code Qualifier NM109 Individual Identifier AN80 S CSDB RMR Individual Premium Remittance Detail RMR Individual Premium Payment Amount DTM Individual Coverage Period AN35 R CSDB	ADX	ADX Corganization Summary Remittance Level Adjustment S ENT Individual Remittance S ENT Individual Remittance S ENT Individual Remittance S ENTO3 Identification Code Qualifier S ENTO4 Receiver's Individual AN80 R CSDB ALTERNATE ID TYPE A(2) ENTO4 Receiver's Individual Identifier S NM1 Individual Name S NM1 Individual Name S NM1 Individual Name S NM1 Individual Last Name AN35 S CSDB FULL NAME OR SURNAMES NM103 Individual First Name AN25 S CSDB GIVEN NAMES A(60) NM104 Individual First Name AN25 S CSDB ALTERNATE ID TYPE A(2) NM108 Identification Code Qualifier AN80 S CSDB ALTERNATE ID TYPE A(2) NM109 Individual Identifier AN80 S CSDB ALTERNATE ID TYPE A(2) RMR Individual Premium Remittance Detail Remittance Detail Premium Remittance Detail AN80 S CSDB DOLLARS N(15) TM Individual Coverage Period AN35 R CSDB BEGIN DATE (Service N(8)) DTM06 Coverage Period AN35 R CSDB END DATE (Service N(8))	ADX Remittance Level Remittance Level Remittance Level Remittance Level Remittance Level Remittance S

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320B	ADX	Individual Premium Adjustment		S					
2320B	ADX	Individual Premium Adjustment		S					
2320B	SE	820 Trailer		R					

Comment Type Legend:

Column Heading Legend: "DT" = Data Type

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99))